

PLUMBING PERMIT APPLICATION

If faxed, payment must be received in 5 business days.

Permit Number PLM _____ Permit Fee \$ _____ Date _____	
A. ADDRESS NUMBER N-S-E-W STREET NAME APT # IF THIS BUILDING HAS MULTIPLE ADDRESSES: LOWEST NUMBER _____ HIGHEST NUMBER _____	H. CONSTRUCTION DESIGN RELEASE: _____ I. STRUCTURAL PERMIT NUMBER: _____ J. STRUCTURAL PERMIT FEE: \$ _____ K. NUMBER OF FIXTURES: _____
B. OWNER OF THE PROPERTY: NAME _____ ADDRESS _____ NUMBER N-S-E-W STREET NAME APT # CITY _____ STATE _____ ZIP CODE _____ TELEPHONE NUMBER (_____) _____ EMAIL ADDRESS _____	L. SQUARE FOOTAGE: _____ M. DETAILED SCOPE OF WORK: _____ _____ _____ _____ _____
C. USE OF STRUCTURE: (CHECK ONE) ____ 1) ONE FAMILY ____ 2) TWO FAMILY ____ 3) NON-RESIDENTIAL ____ 4) MULTI-FAMILY/CONDOS (3 OR MORE UNITS)	N. Is this scope of work only extending a new gas line to service a listed appliance? ____ YES ____ NO
D. PERMIT TYPE: (CHECK ONE) ____ 1) ALTERATION/REMODEL ____ 2) COMMERCIAL ACCESSORY ____ 3) COMMERCIAL ADDITION ____ 4) CONNECTION, RECONNECTION ____ 5) NEW INSTALLATION ____ 6) RESIDENTIAL ACCESSORY ____ 7) RESIDENTIAL ADDITION ____ 8) UNDERSLAB ONLY ____ 9) WATER HEATER	O. CONTRACTOR RESPONSIBLE FOR PLUMBING PERMIT: If the applicant is obtaining the permit for a contractor which is licensed with the Department of Code Enforcement, please complete the following information: _____ Business Name Business License Number: _____ I AFFIRM, UNDER PENALTIES OF PERJURY, THAT THE FOREGOING REPRESENTATIONS ARE TRUE. _____ Applicant Name _____ Date _____ Applicant Signature Applicant License Number: _____ Applicant Email Address: _____ Telephone Number: (_____) _____ Fax Number: (_____) _____
E. Will any electrical work be accomplished under this permit? ____ YES ____ NO	
F. PLUMBING CODE USED: ____ Indiana Plumbing Code ____ Indiana Residential Code	
G. VALUE OF PLUMBING WORK: \$ _____	